## BEST AVAILABLE COM

| •  |   |   |                    |         |  |                                |        | Application or Docket Number |     |                         |          |                     |                        |  |
|--|---|---|--------------------|---------|--|--------------------------------|--------|------------------------------|-----|-------------------------|----------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOI<br>Effective December 29, 1999  |   |   |                    |         |  |                                |        |                              |     | 544344                  |          |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |                    |         |  |                                |        | SMALL ENTITY TYPE            |     |                         | OR       | OTHER<br>SMALL      |                        |  |
| FO   | R   | NUME                                      | ER FILED           |         | NUMBER EXTRA                               |                                |        | RATI                         | Ē   | FEE                     | ]        | RATE                | FEE                    |  |
| ВА   | SIC FEE   |   |                    |         |  |                                |        |                              |     | 345.00                  | OR       |                     | 690.00                 |  |
| то   | TAL CLAIMS  | \ \alpha                                  | minus              | 20=     | . 5  |                                |        | X\$ 9                        | =   |                         | OR       | X\$18=              | <i>G</i> ()            |  |
| IND  | EPENDENT CL   | AIMS A                                    | 7 minus            | 3 =     | . 3  |                                |        | X39=                         |     | OR                      | X78=     | 234                 |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |                    |         |  |                                | . 120  |                              |     |                         | +260=    | 00 T                |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |                    |         |  |                                | •      | +130=<br>TOTAL               |     |                         | OR<br>OR | TOTAL               | 1014                   |  |
| CLAIMS AS AMENDED - PART II  |   |   |                    |         |  |                                |        | 1014                         |     |                         | Uh       | OTHER               |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                    |         |  |                                | _      | SMALL ENTITY                 |     | OR                      | SMALL    |                     |                        |  |
| AMENDMENT A  | 8:240   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | PI      | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA               |        | RATE                         | =   | ADDI-<br>TIONAL<br>FEE. |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | •   | Minus              |         |  | =                              |        | X\$ 9                        | =   |                         | OR       | X\$18=              |                        |  |
|  | Independent   | $\cdot$                                   | Myrus Q            |         |  | =                              |        | X39=                         | -   |                         | OR       | X78=                |                        |  |
|  | FIRST PRESE   | NTATION OF I                              | MULTIPLE DE        | PEN     | DENT CLAIM                                 | <del></del>                    | J      | +130                         |     |                         |          | +260≃               |                        |  |
|  |   |   |                    |         |  |                                | Į      | 101                          |     |                         | OR       | TOTAL               |                        |  |
|  |   |   |                    |         |  | <b>10</b> 1 01                 |        | ADDIT. F                     |     |                         | OR       | ADDIT. FEE          |                        |  |
|  | · · · · · · · · · · · · · · · · · · ·   | (Column 1)<br>CLAIMS                      | <del></del>        | _       | Column 2)<br>HIGHEST                       | (Column 3)                     | 1      |                              | _   | ADDI                    | 1        |                     | 4001                   |  |
| AMENDMENT B  | 36.04   | REMAINING<br>AFTER<br>AMENDMENT           |                    |         | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA               |        | RATE                         |     | ADDI-<br>TIONAL<br>FEE  |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | . <                                       | Minus              | 0       | )<br>                                      | =                              |        | X\$ 9                        | -   |                         | OR       | X\$18=              |                        |  |
|  | Independent   | $\cdot$                                   | Mirlus             |         | -  | =                              |        | X39=                         | -   |                         | OR       | X78=                |                        |  |
|  | FIRST PRESE   | NIATION OF I                              | MULTIPLE DE        | PEN     | DENT CLAIM                                 |                                | ,      | +130                         | =   |                         | OR       | +260=               |                        |  |
|  |   |   |                    |         |  |                                | B.     | TOT<br>ADDIT. F              |     |                         | OR       | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                    |         |  |                                |        |                              |     |                         |          |                     |                        |  |
| AMENDMENT C  | 10.4.0H   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | P       | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA               |        | RATE                         | =   | ADDI-<br>TIONAL<br>FEE  |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | .30                                       | Minus              |         | 25   | =5                             |        | X\$ 9:                       | =   |                         | OR       | X\$18=              | 90                     |  |
|  | Independent   | . 4                                       | Minus              | ••      | $\mathcal{L}_{\mathcal{O}}$                | =                              |        | X39=                         |     |                         | OR       | <b>2</b>            | XX                     |  |
| ٧  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                    |         |  |                                |        |                              | 1   |                         |          |                     | $\omega$               |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                    |         |  |                                |        |                              |     |                         | OR       | +260=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |   |                    |         |  |                                |        |                              |     |                         |          |                     |                        |  |
|  | If the "Highest Nu<br>The "Highest Nurr   | mber Previously<br>aber Previously F      | raid For" (Total o | or Inde | ependent) is the                           | n 3, enter 3.<br>highest numbe | er fou | and in the                   | app | ropriate box            | k in col | lumn 1.             |                        |  |